10/560420

PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									00 1	135	800/2	WOUS
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		•	OTHER	R THAN
	ALATIONAL S	CTAOE 5550	(Colum	n 1)	(Column 2)		1	,,,,		OR	SMALL	ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE	ŀ	RATE	FEE
BASIC FEE				SMALL ENT. = \$ 150		ARGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			(4) = \$ 50	Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100		All other situations = \$ 100 / \$ 200		EXAM. FEE		1	EXAM. FEE	200
SEARCH FEE			ALL other co	U.S. la ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			2)min	us 100 =	/ 50 =			X \$ 125 =		1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			/ 3 mi	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS				ninus 3 =				X \$ 100 =		OR	X \$ 200 =	†
_		DENT CLAIM PR	·				I	+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	910
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						(Column 3)		SMALL E	OTHER THAN ENTITY OR SMALL ENTITY			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		e .		X \$ 25 =		OR	X \$ 50 =	
	Independent		Minus	***		•		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.[+ \$ 180 =		OR	+ \$ 360 =	
•						•	٦	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	m 21	(Column 3)						
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		8	Γ	X \$ 25 =		OR	X \$ 50 =	
	Independent		Minus	***		a	ľ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				LAIM			+ \$ 180 =		OR	+ \$ 360 =	,
								OTAL ADDIT. FEE		OR L	TOTAL ADDIT. FEE	
						•					ree L	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.												

FORM PTO-875 (Rev. 02/2005)

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